



2024 Spring Workshop Registration

April 5 & 6 (Check-in begins at 4:00/Registration begins 4:00 pm Friday, April 5th)
Quality Inn & Suites 150 Euston Street, Charlottetown, PE

PLEASE RETURN FORM BY MARCH 6th

June Ellis 8038 Rte. 12, East Bideford, Ellerslie RR#2, PEI COB 1J0

If you wish to submit this information on-line please visit the Community School website at:

<https://peicommunityschools.com/spring-workshop-2/>

and complete the online form. An updated schedule of events will be kept there as well.

- **Cost for this workshop is \$20 per person.**
- **This Workshop is for Committee Members only (Instructors can attend the Fall Workshop)**
- **Board Members attend for free**

Note: the PEI Association of Community Schools *pays for the majority of the cost of this workshop* as a means of making it accessible to all members of our association. Your participation is integral to the Association's ability to do its job. We do have a few guidelines that we ask participants to abide by in order to make the event as effective and pleasurable as possible for all involved:

- **Please return your registration form by March 6th** so that we can ensure that there are enough rooms and food for all in attendance.
- Note that this is a peanut-free gathering.
- We hope the sessions are of interest to you. However, sub-conversations happening in a large room full of people while someone is speaking/presenting only diminish the value of the event for everyone involved. Please respect the speaker and the people around you. As well, cell phones should be muted while you are in the meeting rooms

School:

Name	Chair	County	Type
_____	_____	<input type="checkbox"/> Prince	<input type="checkbox"/> Fall
		<input type="checkbox"/> Queens	<input type="checkbox"/> Winter
		<input type="checkbox"/> Kings	<input type="checkbox"/> Seniors

Registrants:

Hotel rooms are provided based on the premise that there will be **2 attendees per room**. If you are unable to pre-arrange whom you will be sharing with then we will do our best to pair you up with a suitable match.

Please also let us know which meals you will be present for and if you have any special dietary needs. See the back of the form to list the participants who will be attending on behalf of your school.

ROOM 1	Name & email/phone of Roommates (sharing with)	PLEASE CHECK ALL THAT APPLY				
		Board Member	First Time Attendee	Friday Supper	Friday overnight	Saturday Breakfast
Committee Member 1: _____ Phone / Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member 2: _____ Phone / Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES (dietary restrictions etc ...):

ROOM 2	Name & email/phone of Roommates (sharing with)	PLEASE CHECK ALL THAT APPLY				
		Board Member	First Time Attendee	Friday Supper	Friday overnight	Saturday Breakfast
Committee Member 3: _____ Phone / Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member 4: _____ Phone / Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES (dietary restrictions etc ...):

ROOM 3	Name & email/phone of Roommates (sharing with)	PLEASE CHECK ALL THAT APPLY				
		Board Member	First Time Attendee	Friday Supper	Friday overnight	Saturday Breakfast
Committee Member 5: _____ Phone / Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member 6: _____ Phone / Email: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES (dietary restrictions etc ...):

Please photocopy and attach a second sheet if you need to add more names / information.